

INSTRUCTIONS TO STUDENTS

This Health Professional Report (HPR) can only be completed and signed by a treating practitioner who can verify a health condition which they are qualified to authenticate. The treating practitioner should be registered with the Australian Health Practitioner Regulation Agency (AHPRA) or Australian Association of Social Workers (AASW). All relevant sections of this form must be complete for your application to be considered. An incomplete HPR may result in your application being ineligible.

- Before completing this form, please read the University's Special Consideration guidelines at:

go.unimelb.edu.au/zd6r

- If your circumstances are affecting **upcoming or overdue assessment tasks**:
 - Please ask your treating practitioner to complete this form.
 - Submit an application for **"Special Consideration (Unexpected Circumstances)"** online and upload a signed copy of this form.
- If your circumstances are affecting your study **for longer than six weeks**:
 - Please also consider submitting an application for **"Special Consideration (Ongoing Support)"** online.
 - Your health professional will need to complete a **"Registration for Ongoing Support"** form.
- Your personal information is managed under the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic). All personal information collected by the University is governed by the University's Privacy Policy at:

policy.unimelb.edu.au/MPF1104

By signing this document, I declare that all the information supplied by myself and the health professional is complete, true and correct in every particular and acknowledge that the University may terminate my studies if I have misrepresented my past and/or present circumstances and that this termination may take place at any stage during the course undertaken. I understand that the University reserves the right to inform other tertiary institutions if any of the material presented to support my application is found to be false. All documents submitted become the property of the University of Melbourne. I give permission for the University of Melbourne to contact my health professional to verify the information on this form if needed, and for relevant information to be provided by my health professional to the University of Melbourne.

Student number:

Name:

Signature:

Date: / /

INSTRUCTION TO HEALTH PROFESSIONALS

Thank you for providing information to assist The University of Melbourne assess the impact of this student's circumstances on their studies. The information you include on this form will be used to verify the student's application for special consideration and to help determine reasonable adjustments to their assessment/s.

By completing and signing this form, you are verifying that:

- the student has been affected by a health condition
- you are not a family member or a close association of the student
- you are registered with AHPRA or AASW and qualified to authenticate the student's health condition
- staff at the University of Melbourne can contact you to verify the authenticity of this document

Student Name:

Date of birth: / /

I have assessed that the student has been hampered, to a significant degree, by health condition or exceptional situation from undertaking or preparing for their academic assessment task(s).

(Estimated) Start Date: / /

(Estimated) End Date: / /

OR

Unclear/Ongoing*

* In the case of ongoing impact, the student can also register for ongoing support:

go.unimelb.edu.au/mb4x

FURTHER INFORMATION

Please contact the Student Equity and Disability Services team
t: +61 3 8344 0836 e: equity-disability@unimelb.edu.au

DETAIL OF IMPACT

Additional documentation can also be attached to this form if required.

Does the student's condition significantly disadvantage or impact their ability to undertake the following types of assessment? (please tick as applicable)

- | | | |
|---|--|---|
| <input type="checkbox"/> Written assessment (e.g. essay/assignment) | <input type="checkbox"/> Examination | <input type="checkbox"/> Take home examination |
| <input type="checkbox"/> Clinical Placement or lab work with hazardous material | <input type="checkbox"/> Presentation | <input type="checkbox"/> Performance (e.g. recital) |
| <input type="checkbox"/> Professional placement | <input type="checkbox"/> Other (please specify): _____ | |

Please describe how the student's circumstances impact on their ability to complete, attend or prepare for the academic assessment task/s by the designated deadline/s.

If this medical assessment has occurred 4 days after the due date of academic assessment, based on your professional opinion or advice please outline why the student was unable to apply on time.

Practitioner's Name:

Registration no.:

Address of practice: _____

Telephone no.:

Signature:

Date: / /

Professional Practitioner's Stamp:

Privacy statement

The collection of personal information by the University of Melbourne (University) is governed by the Privacy and Data Protection Act 2014 (Vic) and Health Records Act 2001 (Vic) (together, Privacy Laws). The University is also considered to be a data controller for the purposes of the EU General Data Protection Regulation 2016/679 (GDPR) in relation to the collection of personal information from individuals located in the EU. The University is committed to protecting your privacy and processing your personal information fairly and lawfully in compliance with the Privacy Laws and the GDPR, as applicable. The University is requesting the information on this form to assess the impact of a student's circumstances on their studies. You can contact us at equity-disability@unimelb.edu.au or on +61 3 8344 0836. Further details about how we handle your personal information can be found in our Student privacy statement (<https://about.unimelb.edu.au/strategy/governance/compliance-obligations/privacy/privacy-statements/student-privacy-statement>)